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**UTILITY
PATENT APPLICATION
TRANSMITTAL**
CERTIFIED AS MAILED 10/1/03

(Only for new nonprovisional applications under 37 CFR 1.53(b))

| | |
|------------------------|-------------------------|
| Attorney Docket No. | 2222 |
| First Inventor | MOORE, ROY |
| Title | ERGONOMIC SIZE LEACHING |
| Express Mail Label No. | EN 796456368 US |

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit on original and a duplicate for fee processing)

2. Applicant claims small entity status.
See 37 CFR 1.27.

3. Specification [Total Pages (16)]
(preferred arrangement set forth below)
- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table,
or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. Drawing(s) (35 U.S.C. 113) [Total Sheets (3)]

5. Oath or Declaration [Total Pages ()]
a. Newly executed (original or copy)
Copy from a prior application (37 CFR 1.63 (d))
b. (for continuation/divisional with Box 18 completed)
i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b)

6. Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

a. Computer Readable Form (CRF)

b. Specification Sequence Listing on:
i. CD-ROM or CD-R (2 copies); or
ii. paper

c. Statements verifying identity of above copies

22141 U.S. PTO
10/167770



ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
37 CFR 3.73(b) Statement Power of
10. (when there is an assignee) Attorney
11. English Translation Document (if applicable)
12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. Request and Certification under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35
or its equivalent.
17. Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP)

of prior application No. _____!

Prior application information

Examiner _____

Group Art Unit _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 6b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

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| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | 28152 | | <input type="checkbox"/> or <input type="checkbox"/> Correspondence address below |
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| Country | Telephone | Fax | |

| | | | |
|-------------------|--------------------|-----------------------------------|---------|
| Name (Print/Type) | CHARLES G. NESSLER | Registration No. (Attorney/Agent) | 27825 |
| Signature | CGnessler | Date | 10/1/03 |

By signing this statement, I am certifying that I have read the above information contained in this correspondence address, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

10/01/03

| | | | |
|-------------------------|--|--------------------------|------------|
| FEE TRANSMITTAL | | <i>Complete if Known</i> | |
| | | Application Number | |
| | | Filing Date | |
| | | First Named Inventor | MOORE, ROY |
| | | Examiner Name | |
| | | Group Art Unit | |
| | | Attorney Docket No. | 2222 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | |

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

459

| METHOD OF PAYMENT | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <input type="text" value="14-0711"/></p> <p>Deposit Account Name <input type="text" value="Charles G. Nessler"/></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> | | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65 Surcharge - late filing fee or oath</td> <td><input type="text"/></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25 Surcharge - late provisional filing fee or cover sheet</td> <td><input type="text"/></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130 Non-English specification</td> <td><input type="text"/></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520 For filing a request for <i>ex parte</i> reexamination</td> <td><input type="text"/></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920* Requesting publication of SIR prior to Examiner action</td> <td><input type="text"/></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840* Requesting publication of SIR after Examiner action</td> <td><input type="text"/></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55 Extension for reply within first month</td> <td><input type="text"/></td> </tr> <tr> <td>116</td> <td>390</td> <td>216</td> <td>195 Extension for reply within second month</td> <td><input type="text"/></td> </tr> <tr> <td>117</td> <td>890</td> <td>217</td> <td>445 Extension for reply within third month</td> <td><input type="text"/></td> </tr> <tr> <td>118</td> <td>1,390</td> <td>218</td> <td>695 Extension for reply within fourth month</td> <td><input type="text"/></td> </tr> <tr> <td>128</td> <td>1,890</td> <td>228</td> <td>945 Extension for reply within fifth month</td> <td><input type="text"/></td> </tr> <tr> <td>119</td> <td>310</td> <td>219</td> <td>155 Notice of Appeal</td> <td><input type="text"/></td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155 Filing a brief in support of an appeal</td> <td><input type="text"/></td> </tr> <tr> <td>121</td> <td>270</td> <td>221</td> <td>135 Request for oral hearing</td> <td><input type="text"/></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510 Petition to institute a public use proceeding</td> <td><input type="text"/></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55 Petition to revive - unavoidable</td> <td><input type="text"/></td> </tr> <tr> <td>141</td> <td>1,240</td> <td>241</td> <td>620 Petition to revive - unintentional</td> <td><input type="text"/></td> </tr> <tr> <td>142</td> <td>1,240</td> <td>242</td> <td>620 Utility issue fee (or reissue)</td> <td><input type="text"/></td> </tr> <tr> <td>143</td> <td>440</td> <td>243</td> <td>220 Design issue fee</td> <td><input type="text"/></td> </tr> <tr> <td>144</td> <td>600</td> <td>244</td> <td>300 Plant issue fee</td> <td><input type="text"/></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130 Petitions to the Commissioner</td> <td><input type="text"/></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50 Processing fee under 37 CFR 1.17(q)</td> <td><input type="text"/></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180 Submission of Information Disclosure Stmt</td> <td><input type="text"/></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40 Recording each patent assignment per property (times number of properties)</td> <td><input type="text"/></td> </tr> <tr> <td>146</td> <td>710</td> <td>246</td> <td>355 Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td><input type="text"/></td> </tr> <tr> <td>149</td> <td>710</td> <td>249</td> <td>355 For each additional invention to be examined (37 CFR § 1.129(b))</td> <td><input type="text"/></td> </tr> <tr> <td>179</td> <td>710</td> <td>279</td> <td>355 Request for Continued Examination (RCE)</td> <td><input type="text"/></td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900 Request for expedited examination of a design application</td> <td><input type="text"/></td> </tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td><input type="text"/></td> </tr> <tr> <td colspan="4">Reduced by Basic Filing Fee Paid</td> <td>SUBTOTAL (3) (\$) <input type="text"/></td> </tr> </tbody> </table> | | Large Entity | Small Entity | Fee Description | Fee Paid | Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | | 105 | 130 | 205 | 65 Surcharge - late filing fee or oath | <input type="text"/> | 127 | 50 | 227 | 25 Surcharge - late provisional filing fee or cover sheet | <input type="text"/> | 139 | 130 | 139 | 130 Non-English specification | <input type="text"/> | 147 | 2,520 | 147 | 2,520 For filing a request for <i>ex parte</i> reexamination | <input type="text"/> | 112 | 920* | 112 | 920* Requesting publication of SIR prior to Examiner action | <input type="text"/> | 113 | 1,840* | 113 | 1,840* Requesting publication of SIR after Examiner action | <input type="text"/> | 115 | 110 | 215 | 55 Extension for reply within first month | <input type="text"/> | 116 | 390 | 216 | 195 Extension for reply within second month | <input type="text"/> | 117 | 890 | 217 | 445 Extension for reply within third month | <input type="text"/> | 118 | 1,390 | 218 | 695 Extension for reply within fourth month | <input type="text"/> | 128 | 1,890 | 228 | 945 Extension for reply within fifth month | <input type="text"/> | 119 | 310 | 219 | 155 Notice of Appeal | <input type="text"/> | 120 | 310 | 220 | 155 Filing a brief in support of an appeal | <input type="text"/> | 121 | 270 | 221 | 135 Request for oral hearing | <input type="text"/> | 138 | 1,510 | 138 | 1,510 Petition to institute a public use proceeding | <input type="text"/> | 140 | 110 | 240 | 55 Petition to revive - unavoidable | <input type="text"/> | 141 | 1,240 | 241 | 620 Petition to revive - unintentional | <input type="text"/> | 142 | 1,240 | 242 | 620 Utility issue fee (or reissue) | <input type="text"/> | 143 | 440 | 243 | 220 Design issue fee | <input type="text"/> | 144 | 600 | 244 | 300 Plant issue fee | <input type="text"/> | 122 | 130 | 122 | 130 Petitions to the Commissioner | <input type="text"/> | 123 | 50 | 123 | 50 Processing fee under 37 CFR 1.17(q) | <input type="text"/> | 126 | 180 | 126 | 180 Submission of Information Disclosure Stmt | <input type="text"/> | 581 | 40 | 581 | 40 Recording each patent assignment per property (times number of properties) | <input type="text"/> | 146 | 710 | 246 | 355 Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="text"/> | 149 | 710 | 249 | 355 For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="text"/> | 179 | 710 | 279 | 355 Request for Continued Examination (RCE) | <input type="text"/> | 169 | 900 | 169 | 900 Request for expedited examination of a design application | <input type="text"/> | Other fee (specify) _____ | | | | <input type="text"/> | Reduced by Basic Filing Fee Paid | | | | SUBTOTAL (3) (\$) <input type="text"/> |
| Large Entity | Small Entity | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 105 | 130 | 205 | 65 Surcharge - late filing fee or oath | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 127 | 50 | 227 | 25 Surcharge - late provisional filing fee or cover sheet | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 139 | 130 | 139 | 130 Non-English specification | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 147 | 2,520 | 147 | 2,520 For filing a request for <i>ex parte</i> reexamination | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 112 | 920* | 112 | 920* Requesting publication of SIR prior to Examiner action | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 113 | 1,840* | 113 | 1,840* Requesting publication of SIR after Examiner action | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 115 | 110 | 215 | 55 Extension for reply within first month | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 116 | 390 | 216 | 195 Extension for reply within second month | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 117 | 890 | 217 | 445 Extension for reply within third month | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 118 | 1,390 | 218 | 695 Extension for reply within fourth month | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 128 | 1,890 | 228 | 945 Extension for reply within fifth month | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 119 | 310 | 219 | 155 Notice of Appeal | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 120 | 310 | 220 | 155 Filing a brief in support of an appeal | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 121 | 270 | 221 | 135 Request for oral hearing | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 138 | 1,510 | 138 | 1,510 Petition to institute a public use proceeding | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 140 | 110 | 240 | 55 Petition to revive - unavoidable | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 141 | 1,240 | 241 | 620 Petition to revive - unintentional | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 142 | 1,240 | 242 | 620 Utility issue fee (or reissue) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 143 | 440 | 243 | 220 Design issue fee | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 144 | 600 | 244 | 300 Plant issue fee | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 122 | 130 | 122 | 130 Petitions to the Commissioner | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 123 | 50 | 123 | 50 Processing fee under 37 CFR 1.17(q) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 126 | 180 | 126 | 180 Submission of Information Disclosure Stmt | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 581 | 40 | 581 | 40 Recording each patent assignment per property (times number of properties) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 146 | 710 | 246 | 355 Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 149 | 710 | 249 | 355 For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 179 | 710 | 279 | 355 Request for Continued Examination (RCE) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 169 | 900 | 169 | 900 Request for expedited examination of a design application | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify) _____ | | | | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reduced by Basic Filing Fee Paid | | | | SUBTOTAL (3) (\$) <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. BASIC FILING FEE</p> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Description</th> <th></th> </tr> </thead> <tbody> <tr> <td>101</td> <td>710</td> <td>201</td> <td>355 Utility filing fee</td> <td><input type="text" value="375"/></td> </tr> <tr> <td>106</td> <td>320</td> <td>206</td> <td>160 Design filing fee</td> <td><input type="text"/></td> </tr> <tr> <td>107</td> <td>490</td> <td>207</td> <td>245 Plant filing fee</td> <td><input type="text"/></td> </tr> <tr> <td>108</td> <td>710</td> <td>208</td> <td>355 Reissue filing fee</td> <td><input type="text"/></td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75 Provisional filing fee</td> <td><input type="text"/></td> </tr> </tbody> </table> | | | | Large Entity | Small Entity | Fee Description | Fee Paid | Fee Code (\$) | Fee Code (\$) | Fee Description | | 101 | 710 | 201 | 355 Utility filing fee | <input type="text" value="375"/> | 106 | 320 | 206 | 160 Design filing fee | <input type="text"/> | 107 | 490 | 207 | 245 Plant filing fee | <input type="text"/> | 108 | 710 | 208 | 355 Reissue filing fee | <input type="text"/> | 114 | 150 | 214 | 75 Provisional filing fee | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity | Small Entity | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code (\$) | Fee Code (\$) | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101 | 710 | 201 | 355 Utility filing fee | <input type="text" value="375"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106 | 320 | 206 | 160 Design filing fee | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107 | 490 | 207 | 245 Plant filing fee | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 108 | 710 | 208 | 355 Reissue filing fee | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 114 | 150 | 214 | 75 Provisional filing fee | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) (\$) <input type="text" value="375"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> <tr> <th>Independent Claims</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>19</td> <td>-20** = <input type="text"/></td> <td><input type="text"/> X <input type="text"/> = <input type="text" value="0"/></td> <td><input type="text"/></td> </tr> <tr> <td>5</td> <td>.3** = <input type="text" value="3"/></td> <td><input type="text"/> X <input type="text" value="42"/> = <input type="text" value="84"/></td> <td><input type="text"/></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> | | | | Total Claims | Extra Claims | Fee from below | Fee Paid | Independent Claims | | | | 19 | -20** = <input type="text"/> | <input type="text"/> X <input type="text"/> = <input type="text" value="0"/> | <input type="text"/> | 5 | .3** = <input type="text" value="3"/> | <input type="text"/> X <input type="text" value="42"/> = <input type="text" value="84"/> | <input type="text"/> | Multiple Dependent | | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | Extra Claims | Fee from below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | -20** = <input type="text"/> | <input type="text"/> X <input type="text"/> = <input type="text" value="0"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | .3** = <input type="text" value="3"/> | <input type="text"/> X <input type="text" value="42"/> = <input type="text" value="84"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent | | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9 Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>40 Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135 Multiple dependent claim, if not paid</td> </tr> <tr> <td>109</td> <td>80</td> <td>209</td> <td>40 ** Reissue independent claims over original patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9 ** Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> | | | | Large Entity | Small Entity | Fee Description | Fee Code (\$) | Fee Code (\$) | Fee Description | 103 | 18 | 203 | 9 Claims in excess of 20 | 102 | 80 | 202 | 40 Independent claims in excess of 3 | 104 | 270 | 204 | 135 Multiple dependent claim, if not paid | 109 | 80 | 209 | 40 ** Reissue independent claims over original patent | 110 | 18 | 210 | 9 ** Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity | Small Entity | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code (\$) | Fee Code (\$) | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103 | 18 | 203 | 9 Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102 | 80 | 202 | 40 Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104 | 270 | 204 | 135 Multiple dependent claim, if not paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 109 | 80 | 209 | 40 ** Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 18 | 210 | 9 ** Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) <input type="text" value="84"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**or number previously paid, if greater; For Reissues, see above

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| SUBMITTED BY | | <i>Complete (if applicable)</i> | |
| Name (Print/Type) | Charles G. Nessler | Registration No. (Attorney/Agent) | 27825 |
| Signature | <i>CGN/AN</i> | | |
| Date | 10/1/03 | | |

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